

California's Child and Family Services Review System Improvement Plan

County:	Fresno
Responsible County Child Welfare Agency:	Fresno County Department of Children and Family Services
Period of Plan:	October 1, 2004 –September 30, 2005
Period of Outcomes Data:	Quarter ending June 30, 2003
Date Submitted:	September 29, 2004
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Submitted by each agency for the children under its care	
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INTRODUCTION TO COUNTY OF FRESNO SYSTEM IMPROVEMENT PLAN

This System Improvement Plan (SIP) was prepared by Fresno County in compliance with the California Child and Family Services Review (C-CSFR). The System Improvement Plan is the third component of the C-CSFR and represents the initial operational agreement between the County and the State for the improvement of the Fresno County child welfare system.

In 2001, Assembly Bill 636 (AB 636), the Child Welfare System Improvement and Accountability Act, was enacted. AB 636 provides the legal framework for measuring and monitoring the performance of county child welfare systems. This framework shifts the focus of child welfare reviews from process-measured compliance to an outcome-based review system and is based on the philosophy that each county will have continuous improvement, interagency partnerships, community involvement and public reporting of outcomes.

County performance will be tracked to allow the State to gauge state performance against national standards. Data in support of the following outcome indicators is reported quarterly to State and county officials:

1. Number of children who are abused and/or neglected;
2. Number of children in foster care;
3. Number of children who are re-abused and/or neglected while remaining in the home after a child abuse report investigation occurs;
4. Number of children who are abused and/or neglected while in foster care;
5. Number of children who receive timely visits with their social workers;
6. Number of children who re-enter foster care;
7. Number of children who have multiple placements while in foster care;
8. Length of time required to reunify children with parents or caretakers ;
9. Length of time to achieve adoption;
10. Number of children who are placed with some or all of their siblings;
11. Number of children who are placed in the least restrictive foster care setting (i.e., relative care placement, foster family home);
12. Level of self-sufficiency for youth exiting foster care;
13. Level of health and mental health services/support for foster children;
14. Level of education progress and school attendance for foster children;

A self-assessment, written in collaboration with community stakeholders, was completed by Fresno County on June 30, 2004. The self-assessment focused on critical safety, stability, family, and well being measures impacting children and families and included the county specific data related to safety, permanency and stability, well-being outcomes, and family relationships and community connections. Characteristics of the county public agencies and countywide prevention strategies were described. Systemic factors were identified that contributed to the county's performance. Finally, the self-assessment included a discussion of system strengths and areas needing improvement.

Assembly Bill (AB) 636 requires that counties will submit a system improvement plan to the California Department of Social Services. The system improvement plan serves as a strategic plan to achieve measurable outcome improvements within a designated time period.

LOCAL PLANNING BODIES

Local partners collaborated with Fresno County to develop the self-assessment and the System Improvement Plan. Listed below in alphabetical order are these partners:

1. Fresno County Interagency Council for Children and Families: Oversight

Created by the Fresno County Board of Supervisors in 1994, this planning body has established communication linkages with public and private agencies, individuals, and institutions that provide direct and indirect services to children and families. The Interagency Council serves in an advisory role to the Board of Supervisors and is the policy group for the Fresno County self-assessment and System Improvement Plan.

2. Family to Family Task Force Committees

The Family to Family Initiative was designed in 1992 and has subsequently been field tested throughout the United States. Fresno County adopted Family to Family in 2003. There are four core strategies of Family to Family that include Team Decision Making; Building Community Partnerships; Recruitment, Training and Support of Resource Families; and Self-Evaluation. Fresno County has active task groups for each of the core strategies. A Steering Committee and a Leadership Team provide input and oversight. These task groups contributed to the self-assessment and Systems Improvement Plan and will have a role in fulfilling the Systems Improvement Plan.

3. Foster Care Standards and Oversight Committee

Established by the Fresno County Board of Supervisors in 2001, this permanent community committee participates with the Department of Children and Family Services to monitor the local child welfare systems. Communication with this committee about the self-assessment and System Improvement Plan has been ongoing as of 2003. The committee's written review of the county's child welfare system identified issues that are consistent with those being addressed by the SIP. A member of the committee serves on the System Improvement Plan team.

4. California Youth Connection

Fresno County is one of 21 California counties with an active Chapter of California Youth Connection (CYC). The organization is an advocacy/youth leadership group for current and former foster youth. The CYC works to improve foster care, to educate the public and policy makers about the unique needs of current and former foster youth and to change the negative stereotypes many people have about foster youth. The CYC youth participated in the self-assessment, served on the System Improvement Plan team and will have an ongoing role in fulfilling the Systems Improvement Plan.

5. Foster Parent Associations

Fresno County has three active Foster Parent Associations that represent many of the licensed county foster parents as well as some of the certified foster parents and relative providers. Foster parents participated in the self-assessment process, and serve on various Family to Family task groups. Representatives of the three associations were members of the System Improvement Plan team. Care providers will have a role in fulfilling the System Improvement Plan.

6. Parent Leadership Task Force

Established in 2002, the Parent Leadership Task Force in partnership with the national Parent's Anonymous organization serves to support families involved with the local child protective agency. Members of this task force include parents who have had prior involvement with the child protective agency and staff from the Department of Children and Family Services. Members of the Parent Leadership task force participated in the self-assessment and System Improvement Plan and will also have a role in fulfilling the System Improvement Plan.

SYSTEMS IMPROVEMENT PLAN TEAM

Membership in the Fresno County System Improvement Plan team included staff from the Department of Children and Family Services and the Probation Department as well as from the community. The following persons served on the SIP team:

Fresno County DCFS/Probation Leadership Team:

Linda Penner, BA, Director, Juvenile Probation
Cathi Huerta, MSW, Assistant Director, Children and Family Services
Patty Poulsen, MSW, Program Manager, Children and Family Services
Donna M. Lutz, MS Program Manager, Children and Family Services
Joy Cronin, BA Program Manager, Children and Family Services
David Plassman, M.Div., Social Work Supervisor, Children and Family Services
David Gonzalez, BA, Probation Services Manager, Juvenile Probation
Leslie Knobel, BS, Probation Services Manager, Juvenile Probation

Fresno County DCFS Social Work Supervisors:

Joel Gurss
Jose Contreras
Linda Perry
Caine Christensen
Annmarie Brown
Lupe Garnica
Michele Daugherty
Charlotte McIntyre
Kathe Nalett
Kathleen Mattesich
Maria Aguirre
Sandy Davis
Bob Hamilton

Fresno County DCFS Social Workers:

Pam Crumpler
Sandra Lynch
Linda McEwen
Kim Desmond
Louise Symonds
Tse Yang
Kathleen Miller
Maysee Yang
Annette Brown

Community Partners:

Cathy Drusen	Fresno County Department of Community Health
Aida Chavez	Fresno County DCFS (California Youth Connection)
Susan Bechera	House of Hope and Interagency Council for Children and Families
Christina Rodriguez	House of Hope
Dana Bartram	Parent Leadership Task Force
Jennifer Celaya	Big Sandy Rancheria, ICWA
Idell Smith	Foster Parent Association
Barbara Caldera	Foster Parent Association
Nancy Richardson	Foster Care Standards and Oversight Committee

SYSTEMS IMPROVEMENT PLAN OUTCOMES

The California Department of Social Services recommended that each county address three to four outcomes and any safety outcome below the state average in the first year System Improvement Plan. The Fresno County System Improvement Plan team reviewed the self-assessment to select the outcomes for year one. The team selected two safety outcomes, one permanency/stability outcome, one family relationships and community connections outcome, as well as, one systemic factor.

1. Safety Outcomes

We will know children are safer if:

- Fewer children are abused and/or neglected
- Fewer children enter foster care
- Fewer children are re-abused and/or neglected who remain in the home after a child abuse report investigation occurs
- Fewer children are abused and/or neglected while in foster care
- More children receive timely visits with their social worker

Fresno County has selected two safety items for the first year:

- Time of response. Social workers are required to respond to Emergency Response referrals either within 24 hours if the referral is a crisis or within 10 days. The data show that Fresno County's response time for non-crisis referrals fell far below the state average.
- Social work contact requirements. The initial data that was available throughout the self-assessment process was well below the state average. This statewide and county measure was subsequently revised and although Fresno County's data drastically improved, it still remains below the state average. Child welfare regulations require that social workers visit children at certain intervals throughout the various child welfare programs to ensure that their needs are being met. Social workers must record these visits in the child welfare case management computer system.

2. Permanency and Stability Outcomes

We will know if children have more stable and permanent homes if:

- Fewer children re-enter foster care
- The number of multiple placements children experience in foster care is reduced
- The length of time to reunify children with parents or caretakers is reduced
- The length of time to achieve adoption (less than 24 months) is reduced

Fresno County has selected to work on the number of placements. Data show that most children in placement experience more than one placement. Targeted outcomes for Family to Family include **"7. Reducing the number of placement moves children in care experience"**. Many of the strategies, such as Team Decision Making, being implemented by the Family to Family task force groups will help improve this outcome.

3. Family Relationships and Community Connections

We will know if family relationships and community connections are maintained if:

- The number of children placed with some or all of their siblings increases
- A higher percentage of children in care are placed in the least restrictive foster care setting (i.e., relative care placement, foster family home)

The family relationships and community connections outcome selected by the Fresno County System Improvement Plan team is the least restrictive setting outcome. This is the same outcome as the Family to Family outcome **“3. Reducing the number of children served in institutional and group care”**. The county will utilize SB163 and the Family to Family task force groups to implement several of strategies that will impact this outcome.

4. Fresno County Systemic Factor

The case planning process was selected as an overarching factor that impacts the child welfare delivery system. It is expected that actively involving the family members, and all those appropriately invested in the process, in the case planning process will lead to a greater level of success in meeting the case plan objectives.

Findings That Support Qualitative Change

Fresno County DCFS staff made a number of presentations to community partners during the self-evaluation process. Also, DCFS staff was surveyed regarding their readiness for change. Some of the groups contacted include the following:

1. Family to Family Task Groups

The Family to Family initiative is concluding its first year in Fresno. Family to Family task groups of Structured Decision Making, Recruitment, Training and Support, Building Community Partners, and Self Evaluation were consulted regarding the AB636 self- assessment and the System Improvement Plan. The efforts and plans of the various task groups were integrated into the outcomes selected for the System Improvement Plan as appropriate.

2. Parent Leadership Task Force

The presentation focused on AB636 and its implications for change in how Fresno County will approach services to children and families. Participation in the AB636 self-assessment and System Improvement Plan teams was solicited.

3. Fresno Council on Child Abuse Prevention (FCCAP)

Participants from various disciplines met and discussed the implications of the AB636 legislation for changes in the Fresno County approach to child abuse and neglect services. The role of the Family to Family initiative as a key component in forming a new approach was described. Those in attendance were invited to participate in Family to Family task groups.

4. Foster Parents

"Let's Talk" is an annual meeting of foster parents and others interested in issues related to foster parenting. The following list of concerns summarizes the information obtained at that meeting. These issues were considered in the development of the System Improvement Plan and many are included among the various strategies found in the System Improvement Plan.

Permanency Outcomes - Strategies for Improvement:

- Increased contact with the care provider beginning within the first week of a placement
- Utilize Court Appointed Special Advocate volunteers whenever possible
- Increase community awareness and education about the child welfare system
- Work to develop more community resources including child care, respite, and transportation
- Include care providers in the case planning process; recognize them as team members
- Review foster care payment rates and timelines for ensuring the care provider gets the correct payment
- Review the operation of the Careline to ensure that it is answered right away
- Improvement in relationships between staff and care providers
- Improvement in the respite offered to intact families and care providers
- Increase capacity for transitional living
- Court processes are too complex
- The home evaluation process takes too long especially if the parents/relatives reside outside of the county
- Increase community mentors and ongoing support groups for families

Safety Outcomes - Strategies for Improvement:

- The focus should be to hire more staff and for supervisors to monitor their work
- Information about resources needs to be shared with a wider group of community members including new residents of the county
- DCFS needs to improve its public image
- Steps should be taken to increase the number of contacts with children in care or families known to the system
- DCFS should work with the local colleges and service organizations such as Big Brothers/Big Sisters to provide more mentoring services
- More substance abuse and supportive/respite services are needed in the county

- Parenting courses should include sessions taken after a child is returned to a parent's care
- Better utilization of mental health services is needed
- The department should look at developing an aftercare service
- Team Decision Making should be implemented
- Need to respond to all emergency response referrals timely; DCFS must look at its staffing process
- The community needs additional training on mandated referrals and DCFS needs to develop a better system to review the Suspected Child Abuse Reports

Well Being Outcomes - Strategies for improvement:

- More training and education of care providers/parents of medication needs
- Better tracking system of immunizations
- Support the proposed SMART Model of Care
- Lower the age for Independent Living Program to 12 years old
- More tutoring services are needed for youth
- Expand Head Start so that it is available to those residing in rural areas
- Need to improve the case planning process
- Better access to mental health services for care providers
- Additional respite and child care services
- Specific parenting education for families whose children have mental health issues
- The department needs a money management service
- Additional qualified therapists and mental health professionals
- Extended hours for services
- More communication by agency; flexibility and open communication with youth
- Additional K-6 sites in rural areas
- Inclusion of more relative care providers in all processes
- Care provider should be included in the provision of all services
- More education of teachers as to the special needs of the children

5. Fresno County Public Health Nurses

Many of their suggestions and concerns were woven into the strategies found in the System Improvement Plan. The following issues and concerns were expressed:

- Enhance the training provided to foster parents and relative care providers.
- Assign a public health nurse to work with specific foster homes.
- Improve communication between Social workers and the public health nurses.
- Increase the number of public health nurses to work with child welfare.
- Improve upon the cross training for social workers and public health nurses.
- Improve support of foster children after the termination of dependency.
- Improve the tracking of the number of placement moves for foster children.
- Improve consistency for families by decreasing frequent changes in social workers.

- Increase of community services available to families after closing a CPS referral/case.

6. Fresno California Youth Connection

The Fresno California Youth Connection was informed about AB636 and its implications for changes in the way that Fresno County will approach services to children in and families. Participation in the AB636 Self-Assessment and System Improvement Plan Teams was established with a representative from the group. Many of their suggestions and concerns were woven into the strategies found in the System Improvement Plan. The following issues and concerns were expressed:

Placement

- Ask foster youth how the placement is going.
- Court Report to include specific information from the youth about their thoughts and feelings about their placement.

School

- The Social Worker/Case Manager should advocate on behalf of the foster youth with the education provider even if this means contending with the school over a different opinion or plan.
- The Social Worker/Case Manager should participate in the foster youth's IEP being sure to include the foster youths' input.

Group Homes

- Social Workers should review the group home's programs to ensure that it is addressing and meeting the foster youth's needs including that the youth have the resources and activities needed.
- Foster youth should be allowed to participate in ILP services and these services need to be adequate.

Social Workers

- Communication needs improvement and social workers should avoid making false promises.
- Placement decisions need to be reviewed. Moving the foster youth who is a chronic run-away to a placement that is out of the county to make it hard to run "just helps the numbers" but does not address the problems of the foster youth or really meet their needs.

Foster Youth Needs

- Facilitate a process for Socialization and Empowerment
- Help with transitions as they approach 18 especially if it looks like the most likely option is that they will return home
- Maintaining connections with extended family and maintaining family values including culture
- There is a need for increased options for children exiting foster care related to when the foster youth is aging out of the system.

7. Fresno Public Defenders Office

Fresno County Public Defenders were informed about AB636 and its implications for changes in the way that Fresno County will approach services to children and families. An e-mail address was provided for feedback.

8. Suspected Child Abuse and Neglect (SCAN) Multidisciplinary Team

SCAN is a forum where participants from various disciplines were able to hear a presentation regarding AB636 and its implications for changes in the way that Fresno County will approach services to children in relationship child abuse and neglect. The role of the Family to Family initiative, as a key component in forming a new approach was described. Attendees were invited to participate in Family to Family task groups.

9. Change Readiness Survey

During April and May 2004, a consulting agency conducted a survey on staff readiness for change. An organizational profile was developed based on the survey results. The consulting firm will continue to work with the department throughout the next year and it is anticipated that this work will result in an improvement in staff's ability to do strategic planning.

Systemic Factor: Case Planning Process

Fresno County's selection of "**Case Planning Process**" as a systemic factor for inclusion in the System Improvement Plan came specifically from the concerns expressed by community partners during the self-assessment process. From their input it became clear that a more meaningful participation of birth parents, minors, and foster parents in the planning process was crucial to the improvement of the experiences of children in foster care. Department review during the self-assessment phase revealed a need to change social work practice to improve the experience of families encountering the child welfare system. This System Improvement Plan outcome will provide the mechanism to boldly map out a plan to facilitate this change.

The outcomes selected for improvement from October 1, 2004 to September 30, 2005 are included in the following matrix. Specific goals, strategies and timeframes are outlined for each of the targeted outcomes.

Outcome/Systemic Factor:**Safety: 2B Child Abuse and Neglect Referrals by Time-to-Investigation****County's Current Performance:**

Immediate Referrals: Fresno County appears to respond timely to approximately 96% of Immediate Response referrals. This is above the state rate of 93.6% to 94.5%

10 Day Responses: Fresno County appears to respond timely to 44-59% of 10 Day Response referrals. This is far below the state rate of 88.5% to 90.6%.

Fresno County will achieve a response rate of 60% for 10 Day responses by the July 2005 Data Report. The most recent time frame for this report will be the 4th Quarter of 2004. It is therefore important to note that this means that only the last three months of data for this indicator will be impacted by the earliest stages of the SIP implementation. A high number of referrals received in 2004 to this point along accompanied by fluctuating staff levels will make it very challenging to meet this objective.

Improvement Goal 1.0

Referrals received by Careline staff while on the Hotline are completed in a timely manner

Strategy 1.1

The process by which Careline handles hotline referrals is analyzed

Strategy Rationale ¹

Immediate response referrals are completed quickly to allow the responding Social Worker to make a contact within two hours. Non-Crisis referrals, however, do not need or receive such a high priority processing. As a result this has meant that a non-crisis referral could continue to have a lower priority and it may be days before it is processed and assigned. This strategy will determine whether additional training and/or staff may be required to increase performance outputs in this area.

Milestone	1.1.1 Individual staff are assessed for inconsistencies in Careline processing	Timeframe	30 days	Assigned to	Careline Social Work Supervisor ER Program Manager
	1.1.2 Additional training/instruction for the Careline staff on the Careline process is completed		60 days		Careline Social Work Supervisor Careline Social Workers ER Program Manager
	1.1.3 Progress is monitored and it is determined if other processes or resources are required		180 days and ongoing		Careline Social Work Supervisor ER Program Manager

Strategy 1.2 A regular process days schedule and rotation periods for Careline staff is instituted			Strategy Rationale ¹ Because continuing to take Careline calls makes it difficult to process previous calls, it is important to provide uninterrupted time for Careline staff may attend to existing uncompleted hotline referrals. This will decrease the time between receipt of the referral and assignment to an ER worker.		
Milestone	1.2.1 Appropriate process day/periods for individual Careline staff are evaluated and determined	Timeframe	30 days	Assigned to	Careline Supervisor ER Program Manager
	1.2.2 Regular process day/periods are assigned to individual Careline staff.		60 days		Careline Supervisor ER Program Manager
	1.2.3 The process day/period procedure is reevaluated to assure adequate compliance with procedures and to assure referrals are being processed in timely manner		90 days and ongoing		Careline Supervisor ER Program Manager
Strategy 1.3 The process by which clerical staff process on-line referrals is analyzed			Strategy Rationale ¹ Determine whether additional training and/or staff may be required to decrease time between receipt of the referral and onlining by clerical staff.		
Milestone	1.3.1 Individual staff are assessed by the Clerical supervisor for inconsistencies in carrying out the referral online process	Timeframe	30 days	Assigned to	Clerical Supervisor ER Program Manager
	1.3.2 Additional training/instruction on the referral online process Clerical staff is completed		60 days		Clerical Supervisor ER Program Manager
	1.3.3 A method to evaluate progress is established and as necessary the referral onlining procedure is reevaluated to assure adequate compliance with procedure and to assure referrals are being onlined in a timely manner.		90 days and ongoing		Clerical Supervisor. ER Program Manager

Improvement Goal 2.0 The time is decreased between the receipt of SCARS (Suspected Child Abuse Report) or Police Reports and the generating of referrals in CWS/CMS					
Strategy 2. 1 Additional human resources are allocated to the Careline			Strategy Rationale¹ Increasing human resources to Careline will decrease the amount of referrals received by individual Careline operators, thereby increasing the availability of Careline Staff to process incoming referrals, SCARS and Police Reports		
Milestone	2.1.1. An appropriate plan is developed to assign social workers to the Careline	Timeframe	30 days	Assigned to	Careline Supervisor ER Program Manager
	2.1.2 Appropriate and available staff are determined for assignment to the Careline by conferring with ER Supervisors		60 days		Careline Supervisor ER Social Work Supervisors ER Program Manager
	2.1.3 A Social Worker is identified and assigned to the position of processing SCARS and Police Reports		90 days		Careline Supervisor ER Program Manager
Strategy 2. 2 The processing of SCARS and Police Reports is distributed among Emergency Response Social Workers as needed when the volume is overloading the existing resources in the Careline and the strategy 2.1 is not sufficient to have written reports processed within 24 hours of receipt			Strategy Rationale¹ Given the lack of control over the volume of written reports received, there may be episodes of uncharacteristically high volume. In response to this SCARS and Police Reports will be evenly distributed among a greater portion of workers. This will decrease the amount of time SCARS/Police Reports remain unprocessed, which in turn will increase more timely response to referrals.		
Milestone	2.2.1 The distribution of SCARS/Police Reports among available SW staff is evaluated	Timeframe	30 days	Assigned to	ER Social Work Supervisors ER Program Manager
	2.2.2 Past and current SCARS/Police Reports are organized and appropriate distribution among the available ER social work staff determined		60 days		Clerical Supervisor ER Program Manager
	2.2.3 SCARS/Police Reports are distributed and their timely processing is monitored		90 days and ongoing		ER Social Work Supervisors Clerical Supervisor ER Program Manager

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Improvement Goal 3.0 Emergency Response staff is allocated sufficiently to respond to all appropriate referrals in a timely manner				
Strategy 3. 1 The number of staff needed to respond to various volumes of referrals in both the crisis and non-crisis areas is determined using historic response volumes			Strategy Rationale¹ Once referrals are assigned in a timely manner they need to be allocated to staff in a manner that allows response within the indicated time frames	
Milestone	3.1.1. Future referral volumes are projected using a review of historical referrals levels	Timeframe	30 days	Assigned to ER Social Work Supervisors ER Program Manager Clerical Supervisor
	3.1.2 Output expectations are projected for both the numbers of referrals and FTE's using response output data from the last two years		60 days	
	3.1.3 Staffing needs and allocation between crisis and non crisis is determined using a review of referral volume projections and output expectations		90 days	
Strategy 3. 2 Referral types that are of a lower level of risk and could be evaluated out or provided a different type of response are determined			Strategy Rationale² Staffing resources are limited by budgetary constraints. If the response resource is lower than the response demand it is necessary to prioritize which segment of the response demand can be redirected	
Milestone	3.2.1 Referral types which contain a lower risk or could allow for a different type of response are determined	Timeframe	30 days	Assigned to ER Social Work Supervisors ER Program Manager
	3.2.2 The volumes of these types of referrals are estimated to see if eliminating a response to them would bring the response demand to a manageable level. Community partners are Included in the dialogue.		120 days	
	3.2.3 Administrative approval is obtained and the referring community is notified regarding any changes in response determinations.		180 days	
ER Social Work Supervisors ER Program Manager Clerical Supervisor				

Notes:

² Describe how the strategies will build on progress and improve this outcome or systemic factor

Describe systemic changes needed to further support the improvement goal.

Staff reallocation. Adjustment in response determination criteria. With the constant transitioning of staff PM's and Social Work Supervisors will need to continually assess the impact of staffing needs on the department's ability to improve on this outcome. The proper allocation of clerical staff also needs to be noted. The Southeast Regional office needs to benefit from these changes as well so it will be important to be aware of any issues that arise from having an office based away from the Careline and referral clerks.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

Training on the referral creation process as needed. Continued training and development regarding the quality of referrals taken as well as the quality of the response and documentation. These have a residual impact on referral quantity as with lower quality work comes the potential for further referrals. In some cases this may be as simple as better feedback to reporting parties or a more aggressive use of multiple discipline teams.

Identify roles of the other partners in achieving the improvement goals.

Resources in the community need to be identified and access methods developed that will allow for information to be provided regarding family issues even when no face to face or investigation contacts occur.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

In order for Fresno County to achieve and maintain staffing levels that provide a reasonable chance to meet outcome objectives and provide the service level that children and families deserve, the amount of the allocation that Fresno County receives per worker must be addressed.

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Outcome/Systemic Factor: Safety: 2C Monthly Social Worker Visits with Children					
County's Current Performance: From April 2003 to September 2003 the average number of children in caseloads was 3,563 with the total number requiring visits reduced by 1,685 children with exceptions. The average number of children visited was 964 or 57.2% of the 1,878 children for whom visits were required. The compliance for visitation of 57.2% is compared to a State overall Compliance Rate of 72.5%. The Fresno County timely visitation compliance rate is 15.3% below the state rate. The July 2004 Data Report provided reconfigured numbers for this outcome. In the revision the numbers for April 2003 to September 2003 ranged from 78.4% to 81.5%. The numbers overall for the state also increased to a range of 84% to 86%. Fresno is still below the state rate but by a much smaller margin. Fresno County will achieve a compliance rate for required visits of at least 86% by the July 2005 Data Report. The most recent time frame for this report will be the 4 th Quarter of 2004. It is therefore important to note that this means that only the last three months of data for this indicator will be impacted by the earliest stages of the SIP implementation					
Improvement Goal 1.0 Documentation errors are eliminated as a factor in the data that indicate mandated visits are not occurring					
Strategy 1. 1 A process is established by which Social Work Supervisors will use "Safe Measures" with their staff to review compliance with this requirement			Strategy Rationale¹ "Safe Measures" is a tool that will effectively enable Social Work Supervisors to determine with each of their Social Workers whose cases show data indicating that a required contact has not been documented.		
Milestone	1.1.1 Training completed for Social Work Supervisors in the use of Safe Measures	Timeframe	July 2004	Assigned to	Scott Busse-Children's Research Center Sr. Management Team
	1.1.2 The process for the Social Work Supervisor to review the data with the Social Worker is defined		30 days		Kathe Nalett David Plassman Sr. Management Team
	1.1.3 Training completed for all appropriate Social Work Supervisors in the process during their Program Manager meetings.		60 days		Kathe Nalett David Plassman Sr. Management Team

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Strategy 1. 2 Any data input issues that prevent the data from reflecting the actual experience are identified and corrected		Strategy Rationale ¹ At times technical issues will not properly record a contact exception or a properly made contact. These can be either input errors (not all input steps done properly) or system errors (how the data is read or extracted.) These issues will become evident in the process of Strategy 1.1 when properly recorded contacts still show as contacts in need of completion			
Milestone	1.2.1. As data entry issues become evident the specific issues are identified and addressed	Timeframe	60 days and ongoing	Assigned to	Kathe Nalett David Plassman Sr. Management Team
	1.2.2 Training desk guides for appropriate data entry for these areas are identified or created		60 days and ongoing		Kathe Nalett David Plassman Training Unit Sr. Management Team
	1.2.3 Data outcome improvements are reviewed over the course of the year		60 days and ongoing		David Plassman Sr. Management Team

Improvement Goal 2.0 The nature and value of face to face contacts between the Social Worker and the child are clarified and given priority				
Strategy 2.1 PPG’s and Regulations regarding contacts are reviewed			Strategy Rationale ¹ In addition to the benefits that a child obtains the visit priority is supported by the directives of PPG’s and Regulations	
Milestone	2.1.1 PPG’s that are congruent with regulations pertinent to contacts are identified and developed	Timeframe	60 days	Assigned to David Plassman Quality Assurance Staff Sr. Management Team
	2.1.2 PPG and regulation information is provided to the Social Work Supervisors		90 days	
	2.1.3 PPG items and Regulations are reviewed by Social Work Supervisors with their staff		120 days	
Strategy 2. 2 A checklist and narrative template for the content of each contact is developed			Strategy Rationale ¹ It is not just enough to have a contact and record it. The quality of the contact is what makes it significant. Social Workers will benefit from direction on the essential items of a contact. This will also increase the uniformity of high quality practice.	
Milestone	2.2.1 Required and best practice content of various types of contacts are identified	Timeframe	90 days	Assigned to David Plassman Social Work Supervisors Training Unit Sr. Management Team
	2.2.2 Checklists and narrative templates are created for each type of contact		180 days	
	2.2.3 Staff training on the philosophy and use of the checklists and templates is completed		360 days	

Strategy 2.3 A mechanism is developed for feedback from the minors about the quality of the contacts			Strategy Rationale ¹ The true value of a contact resides in the actual experience of the recipient child. In order to continually define best practice it is essential to hear from those children as is appropriate.		
Milestone	2.3.1 A technique is developed to gather feedback	Timeframe	180 days	Assigned to	Sr. Management Team California Youth Connection Foster Family Agencies Quality Assurance Staff Parent Leadership Task Force ILP Social Work Supervisor
	2.3.2 The technique is implemented and feedback is reviewed		210 days		Sr. Management Team Social Work Supervisors Program Managers Quality Assurance Staff Parent Leadership Task Force ILP Social Work Supervisor
	2.3.3 Patterns of deficiency are addressed with training and staff conferences as appropriate		240 days and ongoing		Sr. Management Team Social Work Supervisors
Describe systemic changes needed to further support the improvement goal. With the constant transitioning of staff, PM’s and Social Work Supervisors will need to continually assess the impact of staffing needs on the department’s ability to improve on this outcome. The proper allocation of clerical staff also needs to be noted. The motor pool contains a limited stock of cars and at times vehicles that are out of commission are not replaced. Attention needs to be given to how this factor impedes the ability of Social Workers to make contacts and those who allocate vehicles know the importance of having this resource available. The possibility of using “flex time” is being explored. This could enhance the ability of staff to make contacts later into the day when the person who needs to be contacted is available.					
Describe educational/training needs (including technical assistance) to achieve the improvement goals. Training regarding the use of Safe Measures, both technical and practical application. Continued training regarding input issues when and if they are identified. Training regarding contact requirements and quality of the interaction and documentation.					
Identify roles of the other partners in achieving the improvement goals. CWS/CMS Regional meetings are a place where information regarding input into the system impacts the data outcome. David Plassman will be assigned to attend this and incorporate the information obtained into the process as appropriate					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. In order for Fresno County to achieve and maintain staffing levels that provide a reasonable chance to meet outcome objectives and provide the service level that children and families deserve, the amount of the allocation that Fresno County receives per worker must be addressed.					

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Outcome/Systemic Factor:**Permanency and Stability: 3B and 3C Multiple Foster Care Placements****County's Current Performance:**

3B. The overall rate of children in foster care for less than 12 months with no more than 2 placements during the 12-month study period of 82.6% represents 1,127 children in 2003. This figure is an increase of 10.7% overall or an actual 8.8 percentage points during the study period, going from a low of 73.8% (1,257 out of 1,704 children) during 10/1/01-9/30/02. Although there have been steady increases during the study period, the rate for Fresno County is still lower than the National Standard of 86.7%.

3C. The percentage of children who were in foster care for the first time, remained in care for 12 months and had no more than 2 placements during that time, has increased 2.4%, from 53.7% in 2001 (301 out 561 children) to 55% in 2002. (309 out of 562 children). The state average was 63%.

Fresno County will achieve rates of (3B) 84% and (3C) 57% by the July 2005 Data Report. The most recent time frame for this report will be the period of January 1, 2004 through December 31, 2004. It is therefore important to note that this means that only the last three months of data for this indicator will be impacted by the earliest stages of the SIP implementation

Probation placement moves Calendar Year 2003:

Minors with one placement 33.6%; two placements 28%; Three placements 19.5%; four placements 8.6%; five or more placements 10.3%. (61.6% with no more than two placements)

Improvement Goal 1.0

Stable placements with relative/NREFMs (Non Relative Extended Family Member) will be made in an expeditious manner when appropriate

Strategy 1. 1

The referral will be reviewed by the assigned social worker's supervisor before the assignment to Home Approval Unit Social Worker

Strategy Rationale¹

Information received on the referral form is often not complete. Complete information helps to expedite the relative/NREFM approval through faster criminal and CPS clearances. SWS is first step in Quality Assurance.

Milestone	1.1.1 A committee is organized to review the internal Home Approval Unit processes	Timeframe	30 days	Assigned to	Home Approval Unit SWS and Program Manager
	1.1.2 Committee formulated a policy		60 days		Home Approval Unit SWS and Program Manager
	1.1.3 Staff training regarding the policy is completed		90 days		Home Approval Unit SWS and Program Manager and Training Unit.

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Strategy 1. 2 Staff is trained on the thorough and timely completion of referral to Home Approval Unit.			Strategy Rationale ¹ Information received on the referral form is often not complete. Complete information helps to expedite the relative/NREFM approval through faster criminal and CPS clearances.		
Milestone	1.2.1. A training needs assessment has been conducted	Timeframe	30 days	Assigned to	SIP Committee to Training Unit
	1.2.2 The content of training is determined		60 days		Training Unit Training Social Work Supervisors
	1.2.3 The provider of training is determined		60 days		Training Unit Training Social Work Supervisors
	1.2.4 The training dates are established.		60 days		Training Unit Training Social Work Supervisors
	1.2.5 The training is completed		90 days		Training Unit Training Social Work Supervisors

Strategy 1. 3 Staff is provided with comprehensive training on the Team Decision Making (TDM) process and its implementation.		Strategy Rationale² “Reducing the number of placement moves children in care experience” is one of the desired outcomes of the Family to Family Initiative. TDM’s involve foster parents, SW, birth families and community members in all placement decisions to achieve the goal routinely placing children with families and kin. As staff is trained and begins to use, TDM’s the possibility of relative/NREFM (Non Relative Extended Family Member) placements increases.			
Milestone	1.3.1 The content of training is determined	Timeframe	30 days	Assigned to	Training Unit, F2F Coordinator, TDM Facilitators, Mental Health Services
	1.3.1 The provider of training is determined		30 days		Training Unit, F2F Coordinator, TDM Facilitators, Mental Health Services
	1.3.2 The training of staff is completed		90 days		Training Unit, TDM Facilitators
	1.3.3 TDM is implemented.		180 days		Training Unit, TDM Facilitators
Strategy 1. 4 An ICWA knowledgeable representative/team member is integrated into the TDM process at initial removal.		Strategy Rationale¹ At a rate of 76.9% Native American children represented the lowest rate of children in foster care for less than 12 months and with no more than two placements during the 12-month study period. Involvement of an ICWA knowledgeable representative/team member on the TDM should improve the identification of ICWA eligible children, thereby increasing the rate of relative/tribal placements.			
Milestone	1.4.1 An ICWA Task Force member and other Indian Agencies are involved in the TDM planning process.	Timeframe	30 days	Assigned to	Indian Liaisons, Central Valley ICWA Task Force, Osa Center for Indian Education, TDM Planning
	1.4.2 An ICWA knowledgeable representative is identified for TDM.		60 Days		Indian Liaison, Central Valley ICWA Task Force, Osa Center for Indian Education, TDM Planning
	1.4.3 Data is reviewed to assessed any increase in the identification of Native American children		90 days and quarterly		Indian Liaison, Central Valley ICWA Task Force, Osa Center for Indian Education, TDM Planning, Self Evaluation

² Describe how the strategies will build on progress and improve this outcome or systemic factor

Strategy 1. 5 DCFS has been selected as a participant in the Casey Foundation’s “Supporting Kinship Care Breakthrough Series Collaborative” project.		Strategy Rationale ¹ The Casey Foundation’s mission is to improve and ultimately prevent the need for foster care. Casey collaborates with foster, kinship, and adoptive families, as well as, counties, states, and American Indian and Alaskan Native tribes to improve services and outcomes for young people in out of home care. If relative/NREFM /kinship placements are supported, children are less likely to suffer multiple moves in out of home care.			
Milestone	1.5.1 Learning Session 1 is held on October 4-5, 2004	Timeframe	October 4-5, 2004 60 days	Assigned to	Cathi Huerta and Michele Daugherty, SWS
	1.5.2 Between Sessions 1 and 2, participants have attempted a new strategy to support kinship placements.		240 days		Cathi Huerta and Michele Daugherty, SWS
	1.5.3 Learning Session 2 is held in March 2005		March 2005 240 days		Cathi Huerta and Michele Daugherty, SWS
	1.5.4 Learning Session 3 is held in October 2005		October 2005 365 days		Cathi Huerta and Michele Daugherty, SWS
Notes: Simultaneously, and in some cases prior to, the implementation of these strategies there needs to be an understanding of the dynamics (age, gender, issue, home type etc.) that lead to placement moves and the prevalence of each type of dynamic. There will be some information that comes from the TDM database. We will explore the ability to link to current systems to be explored what information can also be obtained. HAU Referral Form to be revised in order to be more “user friendly”. Also, add information regarding a child’s Indian/ICWA status. Strategy 1.3 also interfaces with strategies in Outcome 4B .					

Improvement Goal 2.0 Placement resources are increased and supported					
Strategy 2.1 Caregivers are recruited through Family to Family Task Forces.				Strategy Rationale ¹ Find more and high quality care providers per F2F. Enables staff to make more appropriate, purposeful placements that are neighborhood based.	
Milestone	2.1.1 Community resources are identified	Timeframe	90 days	Assigned to	Recruiter and Recruitment Training and Support (RTS) Task Force
	2.1.2 Community based meetings are conducted (“Interest Cards” or some other method of obtaining names of potential placement resources are utilized.)		180 days		Foster Family Agency (FFA) Community Partners, Building Community Partners (BCP) and RTS Task Forces.
	2.1.3 Continuing collaborative community based meetings are conducted		180 to 360 days		BCP and RTS Task Forces.
Strategy 2.2 A respite support system for care provider(s) is developed using existing resources through Building Community Partnerships,				Strategy Rationale ¹ Support and respite help the placement remain stable.	
Milestone	2.2.1 Community based meetings are conducted	Timeframe	180 days	Assigned to	BCP Task Force.
	2.2.2 Independent committee/task force is developed to pursue respite care providers		180 to 360 days		BCP Task Force to RTS Task Force.
	2.2.3 Respite care program is implemented		180 to 360 days		RTS Task Force.
Strategy 2.3 Current foster home resources are strengthened using existing resources through Recruitment Training and Support				Strategy Rationale ¹ The current foster care providers must not be ignored. They need to be supported so that they can be retained as a valuable resource. They also can benefit from continuing education to bring all homes up to the level of the best homes.	
Milestone	2.3.1. The resources and supports are identified and established that will encourage foster parents to continue	Timeframe	90 days	Assigned to	FPR, Licensing, RTS Task Force, Central Valley Foster Parent Training Project, Mental Health Services
	2.3.2 The characteristics of a high-quality foster home are identified and training and support are provided to draw all homes towards that level		90 days		FPR, Licensing, RTS Task Force, Central Valley Foster Parent Training Project, Mental Health Services

Strategy 2.4 A care provider supportive process is developed		Strategy Rationale³ Often care providers give a 7-day notice (or less) because of the minor's behavior. With the immediate supportive response placements may be saved. The immediate supportive response may eliminate the need for a TDM. When the response does not preserve the placement it will prove helpful in preparing for a TDM in defining issues and needed resources		
Milestone	2.4.1 Care provider supportive services are defined	Timeframe	90 days	Assigned to FPR, Licensing, RTS Task Force, Central Valley Foster Parent Training Project. FFA representatives, ER Staff Mental Health Youth Services Foster Parent Associations
	2.4.2 A PPG regarding the care provider supportive service is developed and approved.		180 days	
	2.4.3 Training regarding the supportive care provider PPG is provided through unit meetings		210 days	

³ Describe how the strategies will build on progress and improve this outcome or systemic factor

Strategy 2.5 A care provider emergency response team is developed			Strategy Rationale ¹ If a care provider is supported through difficult times with services, respite, mental health intervention, then placement could be preserved.		
Milestone	2.5.1. A committee is organized to determine under what circumstances a response will be made, and what the responder’s processes and objectives will be	Timeframe	270 days	Assigned to	FPR, Licensing, RTS Task Force, Central Valley Foster Parent Training Project. FFA representatives, ER Staff Mental Health Youth Services Foster Parent Associations
	2.5.2 The committee will brainstorm the process with the TDM Task Force, and will formulate the policy for the care provider emergency response team.		360 days		FPR, Licensing, RTS Task Force, Central Valley Foster Parent Training Project,TDM Task Force, FFA representatives, ER Staff Mental Health Youth Services Foster Parent Associations
	2.5.3 A PPG regarding the care provider response team is written, submitted and approved.		360 days		FPR, Licensing, RTS Task Force, Central Valley Foster Parent Training Project,TDM Task Force, FFA representatives, ER Staff Mental Health Youth Services Foster Parent Associations
	2.5.4 Training regarding the care provider response team PPG is provided through unit meetings		360 days		Social Work Supervisors
Strategy 2.6 Additional supportive training is developed for care providers			Strategy Rationale ¹ If care providers received extensive training, had resources available and were able to obtain immediate assistance, placements could be preserved.		
Milestone	2.6.1 Supplemental training is completed for care providers through the Foster Parent Training Project	Timeframe	180 days	Assigned to	FPR, Licensing, RTS Task Force, Central Valley Foster Parent Training Project, Mental Health Services
	2.6.2 A care provider mentor program is developed		360 days		FPR, Licensing, RTS Task Force, Central Valley Foster Parent Training Project, Mental Health Services

Improvement Goal 3.0 Factors that increase the likelihood that minors will remain in a <u>Probation</u> placement are identified					
Strategy 3.1 High quality group homes that are successful in maintaining minors for a longer period of time are identified			Strategy Rationale ¹ In order to replicate the successes of minors staying in placements there needs to be an identification of the factors regarding the home, the minor and the interplay of the two that led to the success.		
Milestone	3.1.1 A review of program statements and interviews of minors regarding factors that facilitated their ability to stay in a particular home are completed	Timeframe	30days	Assigned to	Placement Manager Placement Officers (9)
	3.1.2 The strengths and weaknesses of the various group homes are identified and a tool is developed to assess a minor’s needs that would correlate to a home with specific strong programmatic elements		90 days		Placement Manager Placement Officers (9)
	3.1.3 A procedure is developed to match the needs of minor with group home program at the time of placement, with a care plan that includes supports and an exit plan that will insure the program meets the minor's needs		180 days		Supervision Officer Placement Manager Placement Officers (9) GH staff
Strategy 3. 2 A plan for increasing number of specialty homes locally, such as Multi-Dimensional Treatment Foster Care, is developed			Strategy Rationale ¹ Some minors are placed out of the area due to a lack of homes that address the specific needs of that child. More local homes with programs specific for needs of minors will allow better options for reunification efforts with parents.		
Milestone	3.2.1 Strengths of local group home programs are identified	Timeframe	60 days	Assigned to	Placement Manager Placement Officers (9)
	3.2.2 Program changes are encouraged with current group homes		180 days		Probation Director Placement Manager
	3.2.3 A review of group homes is completed to assess their progress in providing improved and/or specified services		360 days		Placement Manager Placement Officers (9)

Improvement Goal 4.0 Early placement identification of responsible relative/NREFM or appropriate foster care homes for placement of <u>Probation</u> minors is improved					
Strategy 4.1 Potential relative/NREFMs for placement are identified prior to time of disposition			Strategy Rationale ¹ Minors in relative/NREFM’s homes with set limits and structure with a support system can achieve stability.		
Milestone	4.1.1 A procedure is established to gather information on potential relative/NREFM placements and identify potentially eligible ICWA minors before the disposition interview with the parents	Timeframe	30 days	Assigned to	Probation Director Court Services Manager Placement Manager
	4.1.2 A procedure is established to complete the home assessment and expedite the placement including assisting the relative/NREFM placement in gathering information on treatment as well as providing any other services to the family that would stabilize the placement		90 days		Placement Manager
	4.1.3 Barriers to relative/NREFM placement are determined and any procedural or other changes that would overcome those barriers are identified		180 days and ongoing		Placement Manager Placement Officers (9)
Strategy 4.2 Strategies are developed to increase and then maintain the number of foster home placements			Strategy Rationale ¹ Foster home placements are more home like and minors are more likely to stabilize in that environment.		
Milestone	4.2.1 A collaboration is developed with DCSF foster home recruitment to increase the number of Probation foster homes.	Timeframe	180 days	Assigned to	Probation Managers DCFS Placement Manager Family to Family Recruitment Training and Support Task Force
	4.2.2 A recruitment program is implemented		180 days		Probation Foster Care Officer/Recruiter Family to Family Recruitment Training and Support Task Force
	4.2.3 The success of recruitment practices is evaluated.		360 days		Placement Manager
Note: The Probation Foster Care Officer/Recruiter will join the Family to Family Recruitment Training and Support Task Force					

Strategy 4.3 Criteria for placement in foster care is developed		Strategy Rationale ¹ Not every child is ready to succeed in a foster home. In order to make increased use of this resource a positive trend, care needs to be exercised in who is chosen to receive this placement option.			
Milestone	4.3.1 Scenarios and the dynamics of minors who would need and/or benefit from foster home placement are determined	Timeframe	90 days	Assigned to	Court Services Manager Placement Manager
	4.3.2 Minors who are not stable in their placements who might benefit from and become stable in a family home placement are identified		270 days		Placement Manager
	4.3.3 The success of using foster home placements is evaluated and barriers and challenges are identified and addressed		360 days		Probation Director Placement Manager
Describe systemic changes needed to further support the improvement goal. Probation: An increase in understanding of ICWA laws as they relate to Probation and the establishment of a protocol to provide services consistent with ICWA. Probation must also develop mechanisms to increase the identification of ICWA eligible children. The internal exemption process used by HAU should also be detailed in a PPG item. There must be an ongoing dialogue with the judicial partners as their actions are crucial to meeting these objectives.					
Describe educational/training needs (including technical assistance) to achieve the improvement goals. Probation: Collaborative efforts with Family To Family in recruitment and SB 163 wrap services to families					
Identify roles of the other partners in achieving the improvement goals. DCFS currently works with the local Central Valley ICWA Task Force and local Indian agencies. These Community Partners would be involved in training and/or providing representatives included in TDM's for Native American families. FFA Community Partners used in community based meetings and will recruit at same. Probation: Free flow of information exchange between DCSF and Probation Judicial officers/personnel to receive updated information on the new processes					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None noted					

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Outcome/Systemic Factor:**Family Relationships and Community Connections: 4B Foster Care Placement in Least Restrictive Settings****County's Current Performance:**

Initial: Relative (6.2%), Foster Home (37.9%), FFA (19.0%), Group/Shelter (36.1%), Other (0.8%)

Primary: Relative (21.1%), Foster Home (25.6%), FFA (43.5%), Group/Shelter (7.0%), Other (2.9%)

Fresno County Children are initially placed in Foster Homes (37.9%) and Group Shelter (36.1%) (Craycroft). Relative placement (from 6.2% to 21.1%) and FFA placement (from 19.0% to 43.5%) show the largest increase from Initial Placement to Primary Placement. Foster Home placements (from 37.9% to 25.6%) actually decrease from Initial Placement to Primary Placement

Fresno County will achieve primary placement rates of Relative (23%), Foster Home (27%), FFA (41%), Group/Shelter (6.0%), Other (3.0%) by the July 2005 Data Report. The most recent time frame for this report will be the period of January 1, 2004 through December 31, 2004. It is therefore important to note that this means that only the last three months of data for this indicator will be impacted by the earliest stages of the SIP implementation

Probation: Initial placements for the calendar year of 2003

Relative (30.16%), Foster Home (0.40%), Group Home (69.44%)

Improvement Goal 1.0

The number of children placed in Group Homes are reduced by decreasing their rate of entry and increasing their rate of exit

Strategy 1. 1

A process for purposeful, strategic placement in the context of the Team Decision Making (TDM) meeting is developed. This applies to both initial placements done during the Emergency Response phase and placement changes done in ongoing caseloads in connection to a 7-day notice from the current care provider.

Strategy Rationale¹

Some children are placed into group homes that may have been able to succeed in a lower level of care or some remain in group home care when they could be successful transitioning to a lower level of care.

Milestone	1.1.1 Best placement level criteria are defined.	Timeframe	30 days	Assigned to	Placement Manager FPR TDM Family to Family Task Force
	1.1.2 A placement PPG is developed and approved.		60 days		Placement Manager FPR TDM Family to Family Task Force
	1.1.3 A mechanism to track the success of implementation of the process has been established.		60 days		Family to Family Self Evaluation Task Force via TDM Data Base TDM Task Force Placement Manager

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Strategy 1. 2 SB 163 Step Down Program (for minors who have the potential of reunification)			Strategy Rationale ¹ SB163 overcomes the financial complications to assisting a child to successfully transition to lower levels of care as well as coordinating the resources that can assist the child(ren) and their care provider(s)		
Milestone	1.2.1. A draft referral document and PPGs are developed. A review committee is established. Six children enrolled.	Timeframe	30 days	Assigned to	DCFS Training Unit SB163 Liaison Families First Placement Manager, IRPC
	1.2.2 Referral document and PPGs are refined and finalized. All committee members are fully trained. Six additional children are enrolled (total 12.)		180 days		Placement Manager DCFS Training Unit SB163 Liaison Families First Placement Manager
	1.2.3 Training on SB163 Overview for DCFS and probation staff is completed. Sixteen additional children are enrolled (total 28).		360 days		DCFS Training Unit SB163 Liaison Families First
Strategy 1. 3 A mechanism for developing the treatment plan and goals, before placement, with monitoring of the implementation of that plan is established. The Case Plan is integrated with the Treatment/Service Plan			Strategy Rationale ¹ It is essential to define the objectives for each placement on an individualized basis and include and empower the minor in that process. Also have regular periods of assessment that includes an exit plan when it is in the minor's best interest.		
Milestone	1.3.1 Clear expectations for the development and implementation of treatment plans (contract and MOU development) are developed through meetings with group home representatives.	Timeframe	180 days	Assigned to	Placement Manager IRPC, ILSP Calif Youth Connection(CYC) Mental Health Youth Services
	1.3.2 Potential plan options and goal choices are developed. Specific practical needs of the minor that can be met are identified. Service plans will have the goal of transitioning to a lower level of care		180 days		Long Term and CP Social Work Supervisor's IRPC, ILSP, CYC Mental Health Youth Services
	1.3.3 The procedure is piloted with selected group homes		360 days		Long Term and CP Social Work Supervisor's IRPC, ILSP, CYC Mental Health Youth Services

Strategy 1. 4 Group Home Step Down Plan			Strategy Rationale ¹ Some children are placed into group homes that may be able to succeed in a lower level of care and have not been transitioned out of group home care. These children have not been identified in order to begin the process of moving them to a lower level of care.		
Milestone	1.4.1 Minors in group homes over six months who do not have a plan in place and have not benefited from Strategy 1.3. are identified	Timeframe	90 days	Assigned to	FPR, CYC, ILSP, PP, CP Mental Health Youth Services
	1.4.2 A group home placement review process is developed		180 days		FPR, CYC, ILSP, PP, CP Mental Health Youth Services
	1.4.3 The group home placement review process are implemented		240 days		FPR, CYC, ILSP, PP, CP
	1.4.4 The number of homes for placement of children with high level needs will be increased		240 days		BCP RTS
	1.4.5 The capacity of new and existing foster homes to receive placement of these minors will be increased through training that will provide care providers the with skills and tools to meet the needs of children with high level needs		240 days		BCP RTS Central Valley Foster Parent Training Project
Notes: Strategy 1.4 will be obsolete once 1.3 is fully implemented. For the success of a plan to move minors from group homes to foster homes there needs to be sufficient capacity in foster care ready to receive minors with those specific dynamics (age, gender, guidance needs etc.) The DCFS recruiter will take this into account in the assessment of recruiting needs/targets. Similarly, for there to be capacity in FFA’s to take minor’s who have a therapeutic need who are prematurely going to group homes or are ready to step down from a group home but need the intermediate step of an FFA, minors should not be placed in FFA’s for other than a therapeutic need. This is addressed in Goal 2.0 that follows.					

Improvement Goal 2.0 FFA homes are utilized specifically for placement of children with a therapeutic need					
Strategy 2.1 County foster home placement options are increased			Strategy Rationale ¹ Prior to being able to stop using FFA placements for reasons other than therapeutic need (i.e. lack of availability of county beds for single and sibling placements) there needs to be a sufficient bed capacity and selection (age, gender location, etc) as a placement of first resort		
	2.1.1 Placement home needs by age, gender, location, sibling capacity, special needs, etc. are identified		90 days & quarterly		Recruiter, FFA representatives, Licensing Family to Family Recruitment Training and Support Task Group
Milestone	2.1.2 Recruitment & retention are targeted.	Timeframe	180 days	Assigned to	Recruiter Family to Family Recruitment Training and Support Task Group
	2.1.3 New county foster families are licensed and trained		360 days		Licensing Specialized Foster Parent Training Project
	2.1.4 A report is produced and shared with staff regarding the progress of recruitment and the current status of placement needs and resources		90 days & quarterly		Recruiter Licensing
Strategy 2. 2 Build working relationships with FFA’s			Strategy Rationale ¹ Moving to a new paradigm where FFA placements are utilized exclusively for special therapeutic needs and involve treatment plans and monitoring of those plans with step down options there must be a unified approach developed mutually for the benefit of the children		
Milestone	2.2.1 Contact persons for all FFA partners are identified	Timeframe	30 days	Assigned to	FPR Family to Family Recruitment Training and Support Task Group
	2.2.2 The pending MOU with FFA’s are implemented		90 days		County Counsel Family to Family Recruitment Training and Support Task Group
	2.2.3 A paradigm for placement service plans and monitoring of children in FFA placements is developed collaboratively		180 days		Family to Family Recruitment Training and Support Task Group FFA representatives

Improvement Goal 3.0 The completion of relative/NREFM (Non Relative Extended Family Member) home approvals is more timely					
Strategy 3. 1 Staff is provided with further information about how to access the Home Approval Unit (HAU).				Strategy Rationale² Case managers are still struggling with making referrals to the HAU. Children are being placed in higher levels of care while the approval process is being initiated.	
Milestone	3.1.1. A review of the home approval referral document. is completed	Timeframe	30 days	Assigned to	HAU SWS and Unit, PPG committee
	3.1.2 The Policy and Procedural Guide (PPG) Item explaining how to complete the referral is finalized		60 days		All Social Work Supervisors
	3.1.3 Staff training on the PPG item is complete.		90 days		All Social Work Supervisors
Strategy 3. 2 Adequate staff is assigned to HAU.			Strategy Rationale ¹ HAU staff will need to be able to respond promptly to all new referrals including referrals generated when a relative/NREFM moves to a new home. TDM may affect the volume of referrals to HAU		
Milestone	3.2.1. Workload needs assessment is completed	Timeframe	90 days	Assigned to	HAU Social Work Supervisor Supportive Services Program Manager
	3.2.2 Justification memo for any additional staff is submitted.		90 days		Supportive Services Program Manager
	3.2.3 Met with Senior Management to advocate for any additional staff		180 days		Supportive Services Program Manager

² Describe how the strategies will build on progress and improve this outcome or systemic factor

Strategy 3.3 Ensure that social work staff ask parent(s) at time of removal or within three working days to provide names and contact information for relative/NREFMs.		Strategy Rationale ¹ HAU staff may not receive all known relative/NREFMs for possible placement until later in the court process. Frequently relative/NREFM homes are not able to meet the approval standards and it is important to have a choice of families for a child.			
Milestone	3.3.1 A checklist for all workers to use when interviewing the family at time of removal is developed	Timeframe	90 days	Assigned to	Emergency Response, HAU SWS, David Plassman
	3.3.2 There is a meeting with the Court and DCFS court officers to advise them of the process and how it can be supported in Court		90 days		Emergency Response, HAU SWS, David Plassman
	3.3.3 A survey of parents whose children are currently placed in foster care is completed to determine if there are known relative/NREFMs that could be considered for placement.		180 days		David Plassman RTS Task Force Case Managers Parent Task Force
Notes: It is yet to be determined how TDM implementation will influence home approval/referral process. The HAU must work closely with the TDM task force.					

Improvement Goal 4.0					
The number of relative/NREFM placements with written Alternate Plans in place are increased					
Strategy 4. 1 Staff is provided with comprehensive training on the Relative/NREFM Placement and Approval Process.				Strategy Rationale³ There seems to be a misunderstanding among staff on the use of written Alternate Plans. Training would improve to possibility of assigned social workers agreeing to these plans.	
Milestone	4.1.1 A training needs assessment is completed	Timeframe	30 days	Assigned to	SIP Committee/Home Approval Unit(HAU) to Training Unit
	4.1.2 The content and provider of training are determined		60 days		Training Unit with HAU Training Social Work Supervisors
	4.1.3 Training dates are established.		60 days		Training Unit with HAU Training Social Work Supervisors
	4.1.4 Training completed.		90 days		Training Unit Training Social Work Supervisors
Strategy 4. 2 Social Work Supervisor (SWS) of Home Approval Unit and the assigned social worker’s Social Work Supervisor are to be involved in the decision-making regarding the appropriateness of an Alternate Plan.			Strategy Rationale¹ Assigned social workers are rejecting Alternate Plans. The involvement of the HAU SWS and the assigned social worker’s SWS would add a layer of quality assurance.		
Milestone	4.2.1. A committee is organized to review the feasibility of involving the SWS.	Timeframe	30 days	Assigned to	Home Approval Unit/Program Manager SWS’ and line SW from various task areas.
	4.2.2 A method is developed for SWS involvement in approving an Alternate Plan.		60 days		Home Approval Unit/Program Manager
	4.2.3 Staff training is completed		120 days		Training Unit

³ Describe how the strategies will build on progress and improve this outcome or systemic factor

Improvement Goal 5.0 The number of Relative/NREFM and <u>Probation</u> foster care placements (county and FFA homes) are increased					
Strategy 5.1 Relative/NREFM and foster care placements are better utilized			Strategy Rationale ¹ Some minors who have done well in the group home are ready for a home environment but not with their own family. They may return home more effectively if they have spent time in a family home setting.		
Milestone	5.1.1 A plan to expand W&I 602 foster home capacity. is developed	Timeframe	60 days	Assigned to	Placement Manager Probation Foster Care Officer/Recruiter Family to Family RTS Task Force
	5.1.2 Training to care providers for specific programming for 602 minor’s needs such as drug treatment, SA perpetrator treatment, etc. is completed.		90 days		Placement Manager Probation Foster Care Officer/Recruiter Family to Family RTS Task Force
	5.1.3 A strategy to review placements for step down is developed.		360 days		Placement Officers Placement Manager
Strategy 5. 2 A practice to identify potential relative/NREFM placements earlier in the process is developed			Strategy Rationale ¹ If information on relative/NREFM/foster care is available at the time of initial placement, that information could be utilized earlier avoiding group home placement.		
Milestone	5.2.1 A procedure to gather information on potential relative/NREFMs before the disposition interview with the parents established.	Timeframe	30 days	Assigned to	Probation intake, report writers
	5.2.2 A procedure to complete the home assessment and expedite the placement including assisting the relative/NREFM’s placement in gathering information on treatment as well as providing any other services to the family that would stabilize the placement is established		90 days		Placement Officer Placement Manager
	5.2.3 Barriers to relative/NREFM placement are determined and any procedural or other changes that would overcome those barriers are identified.		180 days and ongoing		Collaboration DCSF, Probation, MHYS Placement Manager

Notes:

Probation will participate in the Family to Family Kinship Breakthrough Initiative which will facilitate **Strategy 5. 2**

Ensure training includes covering the existing PPG on the Relative/NREFM Placement and Approval Process.

Strategy 2.1 is augmented by **Improvement Goal 2.0** of **3B and 3C Multiple Foster Care Placements**.

Describe systemic changes needed to further support the improvement goal.

Knowledgeable staff members from 8AM to 8PM who take time to respond to questions and provide follow-up will answer the Foster Parent recruitment line.

There must be an ongoing dialogue with the judicial partners as their actions are crucial to meeting these objectives.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

In addition to the training mentioned specifically in the various milestones there will be training via the Family to Family RTS Task Force that reinforces the reality that foster parents play an integral role in the life of the child and the child's family. As this awareness is clarified in the perception of Social Workers there will be better channels for constructive communication in both the formal TDM setting as well as the day to day occasions such as phone calls and written correspondence.

RTS will also assess all of the training resources for foster parents currently available and attempt to facilitate training partnerships and set priorities for enhancements.

Identify roles of the other partners in achieving the improvement goals.

All Family to Family Task Forces must be involved in addressing these placement issues. Community Partners, such as FFA's must also be involved.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

Current relative/NREFM home approval regulations require that when a relative/NREFM or moves, there will be a break in payment unless a home eval is completed by the day they move. A new assessment is needed on that first day. All social workers must routinely inquire if a relative/NREFM plans to move and that federally eligible foster care stops until a new home is assessed. This regulation needs to be examined to allow an interval of continued eligibility during a move.

In Fresno County the use of the Craycroft Youth Center (receiving home that is licensed and identified in CWS/CMS as a group home) will continue to have a strategic benefit, although the facility may be used differently in the future. Therefore it is vital that a mechanism be established and permitted that would allow the extraction of those numbers from this indicator. The presence of those numbers in this indicator cloud the current status and future progress (per the data) in the goal of reducing group home placement.

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Outcome/Systemic Factor:					
Systemic: Case Plan					
County's Current Performance:					
Fresno County is not operating with Best Practices in regards to case planning. The participation of the parent(s), children and care providers in the development of the plan does not appear to have the priority it deserves. The process within the county appears to be inconsistent across divisions and possibly even within a division. PPG's regarding Case Plans are lacking or outdated.					
Improvement Goal 1.0					
The Department will identify best practices for the development and review of Case Plans and will prepare and utilize policies and procedures that reflect best practices in a consistent manner.					
Strategy 1. 1			Strategy Rationale¹		
The Department will identify best practices for the development and review of Case Plans as a social work function.			Clarity of thought on how Case Planning should occur as well as a review of existing practices for correctness must precede the preparation of written policies and procedures. Given the divergence of current practices from best practices, it is reasonable to engage in serious study, thought, and discussion.		
Milestone	1.1.1 A clear, reasonable, and proven framework for case planning, including variations as needed (i.e., distinguishing initial case plans from subsequent reviews.) has been developed.	Timeframe	90 days	Assigned to	Program Managers Social Work Supervisors Social Worker Analyst(s)
	1.1.2 Within the framework, the mandatory and/or desired participants (Child Welfare staff participants and non-staff participants including parents, age-appropriate children and youth, caregivers, and others who should participate) have been identified.		90 days		Program Managers Social Work Supervisors Social Worker
	1.1.3 The impacts of the new procedure for compliance as well as any new and better ideas that has been identified through practice have been reviewed. Whether the intended impacts result from its use as well as any unintended negative impacts are noted.		360 days & ongoing		Quality Assurance Program Managers David Plassman

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Improvement Goal 2.0 Increase the participation of parent(s), child(ren) and youth, and caregivers in a family-focused, strength based “Case Planning Process”					
Strategy 2.1 Develop and communicate agency policy as well as SW practice regarding the importance of increased family participation in case planning.			Strategy Rationale ¹ Staff is inconsistent in the manner case plans are developed and in the involvement of family members in case planning. Staff needs a clear message regarding the expectation, as well as the impact on completion of successful case plans.		
Milestone	2.1.1 PPG committee addressed for representation from all task areas.	Timeframe	30 days	Assigned to	PPG representative (SWS) Program Managers Senior Management Team
	2.1.2 PPG developed and reviewed by committee members and Program Managers and approved by administration.		90 days		PPG Committee members (SWS) Program Managers Senior Management Team CYC, Parent Anon, Care providers
	2.1.3 PPG presented and staff has been trained for content in all unit meetings.		120 days		Social Work Supervisors
Strategy 2.2 Train staff on the importance of involving parent(s), child(ren) and youth, and caregivers in the case planning/reassessment process. Incorporate Family to Family strategies in the case plan training. Include the creation of “family focus” in CWS/CMS.			Strategy Rationale ¹ Staff demonstrates a lack of knowledge of a thorough case planning process. Training on incorporating Family to Family increases the knowledge base, as well as, emphasizing the importance of Family to Family at all decision points. Team Decision Making (TDM) directly addresses placement, however placement often impacts case planning issues.		
Milestone	2.2.1. Training needs assessment completed	Timeframe	30 days	Assigned to	SIP committee/Training Unit/F2F, TDM.
	2.2.2 PPG item referred to Training unit for training regarding family engagement. This training will move beyond the PPG content and into philosophical basis and techniques		90 days		Training Unit Central California Regional Training Academy
	2.2.3 Training dates established		110 days		Training Unit Central California Regional Training Academy
	2.2.4 Training obtained and all Child Welfare staff (including SWS) have been trained.		180 days		Training unit Central California Regional Training Academy

Strategy 2.3 Social Work Supervisors to follow-up to ensure the development of thorough, strength based, and family-focused case plans.			Strategy Rationale ¹ By regulation, SWS must approve all case plans. Functions as an internal quality control. SWS’s should also engage in coaching their workers on the dynamics of this case plan process.		
Milestone	2.3.1 Staff has been trained on PPG.	Timeframe	120 days	Assigned to	SWS
	2.3.2 Social work line staff is coached as they implement the process of thorough, strength based, and family-focused case plans.		120 days & ongoing		SWS
	2.3.3. Case plans are being monitored according to standards set in PPG and training.		150 days		SWS
Notes: PPG Committee is composed of representatives from all Child Welfare Divisions. The initial PPG can be written as a “General Administrative” and then each Division can decide if they want to develop an item specific to their area(s). This new “Case Planning Process” PPG must emphasize the importance of parent(s), child(ren) and youth, and caregivers involvement in the development of all case plans; not strictly based on court orders. Their input should include their perceptions, concerns, priorities and objectives. The assigned social worker must be actively involved in facilitating this process to include this input while also establishing safety and security for the child(ren). Development and implementation of the PPG and case plan strategies should be integrated along the same time lines.					

Describe systemic changes needed to further support the improvement goal.

Focus on the quality of case planning, as well as, timeliness. SWS' and other partners (PLTF, CYC, FPA, etc.) to provide feedback to Training Unit and the PPG Committee regarding the effectiveness of the training and any changes necessary to improve the training and procedure. The SWS' gather this feedback from reading cases and gathering information from social work staff. Staffing levels need to be appropriate to allow a caseload level that enables the social worker to dedicate the time and effort that this process demands. For the future a process of peer review can be developed which will enhance the skills of both the reviewers and those being reviewed.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

Training must include practical use of CWS/CMS case plan development. Include the best use of the system to address all program needs. Expectations of social workers, level of participation of clients, documentation sources to be included in PPG and training. Identify social work staff who currently meet expectations to act as resources for training. The SWS can benefit from coaching mentors as they work to guide their staff through this new approach. The Central California Regional Training Academy is developing training regarding "Family Engagement" which will be a very useful tool for staff as they implement new ways of interacting. All Social Worker staff needs to receive this training, as it becomes available. It is also important to include care providers in appropriate training so that they can support the process of broad based input from all perspectives: thew minor, the family, the care provider, etc.)

Identify roles of the other partners in achieving the improvement goals.

Family to Family partners/committee members (BCP, TDM) & Central California Regional Training Academy to be involved in developing case plan training. There are elements of the processes developed in Family to Family that are either directly related or parallel to the case planning process and need to be coordinated in the training delivery. The academy is developing training regarding "Family Engagement" which is the philosophical and practical application of what is needed in the new case planning process. The Central California Region Social Services Consortium and the CDSS 10-Large California County Initiative will be a resource for the identification of best practices for **Strategy 1. 1**

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

According to California State Child Welfare regulations the initial case plan is due within 30 calendar days of the initial contact, initial removal or the Dispositional Hearing; whichever comes first, the social worker shall complete and sign the case plan. Proposed regulatory changes would increase that time frame to 60 days, which is more reasonable, given the amount of information that must be gathered to develop a thorough case plan. The shorter time frame can encourage a formulaic process over a truly engaged practice. The SIP committee supports those changes.

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor